

# FIREARMS DEALER PERMIT

SAN DIEGO POLICE DEPARTMENT - POLICE PERMITS/LICENSING  
1400 'E' STREET- M.S. 735, SAN DIEGO, CA. 92101  
(619) 531-2250

In order to apply for the local regulatory permit for retail sales of firearms please submit the following items:

- ☐ Completed [Firearm Dealer Application](#), and [APPLICATION-BUS ADDENDUM](#), and [Employee Supplemental](#), and [Employee Supplemental 2](#)
- ☐ **Investigative Fee** - Cash, check, cashier's check or money order for a **non-refundable** Investigative Fee of \$104.00 per new employee must be submitted along with the application. (Please make check, cashier's check or money order payable to **CITY TREASURER**.)
- ☐ **Regulatory Fee** - Check, cashier's check or money order for an annual Regulatory Fee of \$660.00 must be submitted along with your application. This fee will be deposited upon approval. (Please make check, cashier's check or money order payable to **CITY TREASURER**.)

Each new employee who handles, delivers, sells, shows or displays firearms is required to submit Live Scan fingerprints. Secondhand Dealers/Pawnbrokers only - require two separate live scans, one set is for the Department of Justice for the State issued Second Hand Dealer License and the other set is for the San Diego Police Department Firearms Permit.

Effective July 1, 2005, each **new employee** shall also provide the San Diego Police Department with a non-refundable Investigative Fee of \$104.00.

**Live Scan Fingerprints** are required for all new employees. Fill out the attached "Request for Live Scan Service" form(s) and bring with you to a Live Scan agency. One form is for the Department of Justice and one form is for San Diego Police Department. You will then need to forward a copy of the Request form(s) to SDPD along with your new application. See Attached List of locations. **Note:** Completed Live Scan forms must be submitted with the application within **thirty days** from the date the prints were taken. If the applicant resides outside of the San Diego area go to the Attorney General's website to locate approved Governmental Agency locations for Live Scan services.

[www.ag.ca.gov/fingerprints/publications/contact.htm](http://www.ag.ca.gov/fingerprints/publications/contact.htm)

- ☐ Copy of valid [Business Tax Certificate](#) (619) 615-1500.
- ☐ Copy of valid State Certificate of Eligibility (916) 227-2334.
- ☐ Copy of valid Sellers Permit (619) 525-4526.
- ☐ Copy of valid Federal Firearms License (619) 446-0740.
- ☐ Copy of Zoning Use Certificate (Retail Sales) (619) 446-5000 / (619) 446-5460 (Zoning Use).
- ☐ Copies of any special permits issued by the Department of Justice (916) 227-3694.
- ☐ Copy of valid State Secondhand Dealers/Pawnbroker License. A secondhand/pawnbroker dealers license is required if you buy, sell, trade, or consign any secondhand guns (**an additional Live Scan is required for Secondhand Dealers/Pawnbrokers**) (619) 531-2437.
- ☐ Copy of **current** Articles of Incorporation and Amendments.
- ☐ Copy of **current** Registered Fictitious Business Name-Recorder/County Clerk (619) 237-0502.
- ☐ Copy of your **current** lease/rental agreement from your landlord or property title.

## CENTRALIZED LIST REMINDER:

Upon approval you are required to make an application to be recorded on the California Department of Justice Centralized List (CFD number). Please contact DOJ for application. (916) 227-2328

- **No OUT OF STATE CHECKS** will be accepted.
- A criminal record check will be made on each employee.
- There is a 30-day investigation period that starts at the time your application is submitted.



**SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING**  
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101  
Telephone No.: (619) 531-2250



**APPLICATION**

**TYPE OF PERMIT:** \_\_\_\_\_

☐ Owner      ☐ Employee      ☐ Partner      ☐ Corporate Officer      ☐ LLC

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Other Names Used: (Maiden, Alias, Etc.) \_\_\_\_\_ Stage Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Res. Ph. ( ) \_\_\_\_\_ Bus. Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Internet Web Site Address/Auction Site User Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**Business Where Applicant Expects to be Employed:**

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**1. List previous residence addresses for the last five (5) years:**

|   | Complete Addresses last five years | Year Date From | Year Date To |
|---|------------------------------------|----------------|--------------|
| 1 |                                    |                |              |
| 2 |                                    |                |              |
| 3 |                                    |                |              |
| 4 |                                    |                |              |
| 5 |                                    |                |              |

**FOR OFFICE USE ONLY**

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_  
Initials/ID #

☐ RI01 ok or \_\_\_\_\_

Approving PCCO: \_\_\_\_\_ Date: \_\_\_\_\_

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

|   |                     |            |         |
|---|---------------------|------------|---------|
| 1 | PLACE OF EMPLOYMENT | OCCUPATION |         |
|   | ADDRESS & PHONE     | DATE FROM  | DATE TO |
| 2 | PLACE OF EMPLOYMENT | OCCUPATION |         |
|   | ADDRESS & PHONE     | DATE FROM  | DATE TO |
| 3 | PLACE OF EMPLOYMENT | OCCUPATION |         |
|   | ADDRESS & PHONE     | DATE FROM  | DATE TO |
| 4 | PLACE OF EMPLOYMENT | OCCUPATION |         |
|   | ADDRESS & PHONE     | DATE FROM  | DATE TO |
| 5 | PLACE OF EMPLOYMENT | OCCUPATION |         |
|   | ADDRESS & PHONE     | DATE FROM  | DATE TO |

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. **IF NONE, INITIAL HERE:** \_\_\_\_\_

|    | TYPE OF LICENSE | LICENSE NUMBER | DATES HELD | CITY AND STATE |
|----|-----------------|----------------|------------|----------------|
| 1. |                 |                |            |                |
| 2. |                 |                |            |                |
| 3. |                 |                |            |                |

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes ( ) No ( )

If yes, please complete below:

|    | CITY/STATE | DATE OF SUSPENSION OR REVOCATION | REASON |
|----|------------|----------------------------------|--------|
| 1. |            |                                  |        |
| 2. |            |                                  |        |
| 3. |            |                                  |        |

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

**IF NONE, INITIAL HERE:** \_\_\_\_\_

|   | CHARGE | DATE CONVICTED | LOCATION OF COURT |
|---|--------|----------------|-------------------|
| 1 |        |                |                   |
| 2 |        |                |                   |
| 3 |        |                |                   |
| 4 |        |                |                   |
| 5 |        |                |                   |
| 6 |        |                |                   |

**APPLICANTS:** The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

**I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.**





# Police Permit Application

## BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT

1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE  
(TYPE OR PRINT LEGIBLY)



TYPE OF PERMIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

☐ Sole Owner    ☐ Partnership    ☐ Corporation    ☐ LLC

Business Name: \_\_\_\_\_ D.B.A. \_\_\_\_\_

Business Address : \_\_\_\_\_ City & Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Business Tax Certificate # \_\_\_\_\_

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

|   | FICTITIOUS NAME | PHONE # |
|---|-----------------|---------|
| 1 |                 |         |
| 2 |                 |         |
| 3 |                 |         |
| 4 |                 |         |

IF APPLICANT IS A CORPORATION:

| NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER | DATE OF INCORPORATION | STATE OF INCORPORATION |
|--|-----------------------|------------------------|
|  |                       |                        |

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

| NAME | RESIDENCE ADDRESS | TITLE          |
|------|-------------------|----------------|
|      |                   | PRESIDENT      |
|      |                   | VICE PRESIDENT |
|      |                   | SECRETARY      |
|      |                   | TREASURER      |
|      |                   |                |

### FOR OFFICE USE ONLY

|                               |  |                               |
|-------------------------------|--|-------------------------------|
| DATE FILED:                   |  |                               |
| RECEIVED BY:                  |  |                               |
| DEVELOPMENT SERVICES – ZONING |  | FIRE & LIFE SAFETY DEPARTMENT |
| APPROVED BY:                  |  | APPROVED BY:                  |
| DATE:            PHONE:       |  | DATE:            PHONE:       |
| APPROVING OFFICER: _____      |  | DATE: _____                   |

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

| NAME | RESIDENCE ADDRESS | TITLE |
|------|-------------------|-------|
|      |                   |       |
|      |                   |       |
|      |                   |       |
|      |                   |       |

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

|   | FULL NAME | TITLE |
|---|-----------|-------|
| 1 |           |       |
| 2 |           |       |
| 3 |           |       |
| 4 |           |       |
| 5 |           |       |

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

| PROPERTY OWNER'S NAME | PROPERTY OWNER'S ADDRESS | PHONE # |
|-----------------------|--------------------------|---------|
|                       |                          |         |
|                       |                          |         |

**APPLICANTS:** The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises, during normal business hours, which may include entry into the non-public portion of the business.

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I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

**I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION I AM APPLYING FOR. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO, OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

\_\_\_\_\_  
TITLE/POSITION

# FIREARMS DEALER LICENSE APPLICATION

BUSINESS NAME: \_\_\_\_\_

|                                  |
|----------------------------------|
| New <input type="checkbox"/>     |
| Renewal <input type="checkbox"/> |
| DATE                             |

|  |  |       |            |                                |     |      |     |     |
|--|--|-------|------------|--------------------------------|-----|------|-----|-----|
| <b>APPLICANT'S BUSINESS IS:</b>  |  |       |            |                                |     |      |     |     |
| <input type="checkbox"/> INDIVIDUALLY OWNED <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Specify) _____ |  |       |            |                                |     |      |     |     |
| BUSINESS ADDRESS   |  |       |            | MAILING ADDRESS (If different) |     |      |     |     |
| CITY   |  | STATE |            | ZIP                            |     |      |     |     |
| BUSINESS PHONE   |  |       | HOME PHONE |                                |     |      |     |     |
| <b>HOURS OF OPERATION</b>  |  | SUN   | MON        | TUE                            | WED | THUR | FRI | SAT |
| TIME   |  |       |            |                                |     |      |     |     |
| OPEN   |  |       |            |                                |     |      |     |     |
| CLOSED   |  |       |            |                                |     |      |     |     |

EACH OWNER, CORPORATE OFFICER OR PARTNER IS DEEMED AN APPLICANT AND EACH MUST PROVIDE THE FOLLOWING INFORMATION. AN APPLICANT WHO IS A CORPORATION OR PARTNERSHIP SHALL DESIGNATE ONE OF ITS OFFICERS OR GENERAL PARTNERS TO ACT AS ITS RESPONSIBLE MANAGING OFFICER. THE RESPONSIBLE MANAGING OFFICER MAY COMPLETE AND SIGN ALL APPLICATIONS ON BEHALF OF THE CORPORATE OFFICERS OR PARTNERS.    OWNER ☐    CO-OWNER ☐    TITLE \_\_\_\_\_

## COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

|                         |        |                |                   |                    |               |                        |            |        |
|-------------------------|--------|----------------|-------------------|--------------------|---------------|------------------------|------------|--------|
| NAME                    | (LAST) | (FIRST)        | (MIDDLE)          | HOME ADDRESS       | CITY          | ZIP                    | HOME PHONE | D.O.B. |
|                         |        |                |                   |                    |               |                        |            |        |
| NAME                    | (LAST) | (FIRST)        | (MIDDLE)          | HOME ADDRESS       | CITY          | ZIP                    | HOME PHONE | D.O.B. |
|                         |        |                |                   |                    |               |                        |            |        |
| NAME                    | (LAST) | (FIRST)        | (MIDDLE)          | HOME ADDRESS       | CITY          | ZIP                    | HOME PHONE | D.O.B. |
|                         |        |                |                   |                    |               |                        |            |        |
| APPLICANT'S FULL NAME   |        | (LAST)         | (FIRST)           | (MIDDLE)           | DATE OF BIRTH |                        |            |        |
|                         |        |                |                   |                    |               |                        |            |        |
| RESIDENCE ADDRESS       |        |                |                   |                    | CITY & ZIP    |                        |            |        |
|                         |        |                |                   |                    |               |                        |            |        |
| RESIDENCE PHONE         |        |                | BUSINESS PHONE    |                    |               | SOCIAL SECURITY NUMBER |            |        |
|                         |        |                |                   |                    |               |                        |            |        |
| MARITAL STATUS          |        |                | ALIAS/MAIDEN NAME |                    |               | SPOUSE'S NAME          |            |        |
|                         |        |                |                   |                    |               |                        |            |        |
| DRIVER'S LICENSE NUMBER |        | STATE          | RACE              | SEX                | WEIGHT        | HEIGHT                 | HAIR       | EYES   |
|                         |        |                |                   |                    |               |                        |            |        |
| US. CITYZEN?            |        | NATURALIZED?   |                   | IMMIGRATION/VISA # |               | DATE EXPIRED           |            |        |
| YES         NO          |        | YES         NO |                   |                    |               |                        |            |        |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).  
 If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

THIS FORM IS FOR INTERNAL USE ONLY.      PRIVATE AND CONFIDENTIAL

# FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

☐ **EMPLOYEE  
SUPPLEMENTAL**

**DATE**

## BUSINESS INFORMATION

**NAME OF BUSINESS**

**LEGAL NAME (IF DIFFERENT)**

**BUSINESS ADDRESS**

## COMPANY EMPLOYEES

|  |                                 |  |        |
|--|---------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                           | HEIGHT   | WEIGHT |
| RESIDENCE ADDRESS                              | DRIVERS LICENSE NUMBER<br>STATE | HAIR   | EYES   |
| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION<br>BIRTHPLACE |        |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|  |                                 |  |        |
|--|---------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                           | HEIGHT   | WEIGHT |
| RESIDENCE ADDRESS                              | DRIVERS LICENSE NUMBER<br>STATE | HAIR   | EYES   |
| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION<br>BIRTHPLACE |        |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|  |                                 |  |        |
|--|---------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                           | HEIGHT   | WEIGHT |
| RESIDENCE ADDRESS                              | DRIVERS LICENSE NUMBER<br>STATE | HAIR   | EYES   |
| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION<br>BIRTHPLACE |        |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

Fingerprint records on all new employees?

YES ☐ NO ☐

Current list of employees submitted?

YES ☐ NO ☐



# FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

☐ **EMPLOYEE  
SUPPLEMENTAL**

**DATE**

## COMPANY EMPLOYEES

|                                  |                                 |   |                   |
|----------------------------------|---------------------------------|---|-------------------|
| NAME (LAST) (FIRST) (MIDDLE)     | SSN                             | HEIGHT  | WEIGHT            |
| RESIDENCE ADDRESS                | DRIVERS LICENSE NUMBER<br>STATE | HAIR  | EYES              |
| HOME PHONE                       | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | VISA # EXPIRATION |
| OTHER NAMES USED (Alias-Maiden): |                                 | BIRTHPLACE  |                   |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|                                  |                                 |   |                   |
|----------------------------------|---------------------------------|---|-------------------|
| NAME (LAST) (FIRST) (MIDDLE)     | SSN #                           | HEIGHT  | WEIGHT            |
| RESIDENCE ADDRESS                | DRIVERS LICENSE NUMBER<br>STATE | HAIR  | EYES              |
| HOME PHONE                       | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | VISA # EXPIRATION |
| OTHER NAMES USED (Alias-Maiden): |                                 | BIRTHPLACE  |                   |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|                                  |                                 |   |                   |
|----------------------------------|---------------------------------|---|-------------------|
| NAME (LAST) (FIRST) (MIDDLE)     | SSN #                           | HEIGHT  | WEIGHT            |
| RESIDENCE ADDRESS                | DRIVERS LICENSE NUMBER<br>STATE | HAIR  | EYES              |
| HOME PHONE                       | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | VISA # EXPIRATION |
| OTHER NAMES USED (Alias-Maiden): |                                 | BIRTHPLACE  |                   |

List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a).

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|                                  |                                 |   |                   |
|----------------------------------|---------------------------------|---|-------------------|
| NAME (LAST) (FIRST) (MIDDLE)     | SSN #                           | HEIGHT  | WEIGHT            |
| RESIDENCE ADDRESS                | DRIVERS LICENSE NUMBER<br>STATE | HAIR  | EYES              |
| HOME PHONE                       | DATE OF BIRTH MO DY YR          | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | VISA # EXPIRATION |
| OTHER NAMES USED (Alias-Maiden): |                                 | BIRTHPLACE  |                   |

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If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

Fingerprint records on all new employees?

YES ☐ NO ☐

Current list of employees submitted?

YES ☐ NO ☐

## SUPPLEMENTAL CONT'D

## COMPANY EMPLOYEES

|  |                                       |  |        |
|--|---------------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                                 | HEIGHT   | WEIGHT |
| RESIDENCE ADDRESS                              | DRIVERS LICENSE NUMBER<br>STATE       | HAIR   | EYES   |
| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR<br>BIRTHPLACE: | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION |        |

List all criminal convictions, except traffic convictions, include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 12034(a)

If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|  |                                       |  |        |
|--|---------------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                                 | HEIGHT   | WEIGHT |
| RESIDENCE ADDRESS                              | DRIVERS LICENSE NUMBER<br>STATE       | HAIR   | EYES   |
| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR<br>BIRTHPLACE: | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION |        |

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If none, initial here: \_\_\_\_\_

|        |                |                   |
|--------|----------------|-------------------|
| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

**APPLICANTS:** THE RIGHT OF REASONABLE INSPECTION SHALL BE A CONDITION FOR ISSUANCE OF A POLICE PERMIT. IF A PERMIT IS ISSUED, REPRESENTATIVES OF THE POLICE DEPARTMENT WILL HAVE ACCESS TO THE BUSINESS PREMISES DURING BUSINESS HOURS WHICH MAY INCLUDE ENTRY INTO THE NON-PUBLIC PORTION OF THE PREMISES.

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF THIS APPLICATION AND THAT I AM SUBJECT TO PROSECUTION PER 11.0401(B) OF THE SAN DIEGO MUNICIPAL CODE. I AM AWARE THAT ALL FEES ARE NON-REFUNDABLE.

IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO RENEW THE PERMIT **NO LATER THAN 10 DAYS** AFTER THE EXPIRATION DATE. FAILURE TO RENEW ON TIME WILL RESULT IN PENALTY FEES (**\$25 PLUS 10% OF THE REGULATORY FEE**). IF A RENEWAL IS NOT COMPLETED WITH ALL FEES AND PENALTIES PAID WITHIN 30 DAYS AFTER THE PERMIT EXPIRATION DATE, THE PERMIT EXPIRES AND ACTIVITIES ALLOWED BY THE PERMIT MUST CEASE. A PERMITEE MUST THEN BEGIN THE APPLICATION PROCESS AS A NEW APPLICANT (SDMC 33.0308).

I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS. I AM AWARE THAT I AM RESPONSIBLE FOR SUBMITTING A SUPPLEMENTAL APPLICATION AND FINGERPRINT CARDS IMMEDIATELY UPON HIRING NEW EMPLOYEES.

APPROVED

|                             |            |              |                         |            |
|-----------------------------|------------|--------------|-------------------------|------------|
| Applicant's Signature _____ | Date _____ | DENIED _____ | Reviewing Officer _____ | Date _____ |
|-----------------------------|------------|--------------|-------------------------|------------|

Fingerprint on all new employees?  
Current list of employees submitted?

Yes ☐ No ☐  
Yes ☐ No ☐

## APPLICATION CONT'D

## COMPANY EMPLOYEES

|  |                                       |  |        |
|--|---------------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                                 | HEIGHT   | WEIGHT |
| RESIDENCE ADDRESS                              | DRIVERS LICENSE NUMBER<br>STATE       | HAIR   | EYES   |
| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR<br>BIRTHPLACE: | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION |        |

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|        |                |                   |
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| CHARGE | DATE CONVICTED | LOCATION OF COURT |
|        |                |                   |

|  |                                       |  |        |
|--|---------------------------------------|--|--------|
| NAME (LAST) (FIRST) (MIDDLE)                   | SSN #                                 | HEIGHT   | WEIGHT |
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| HOME PHONE<br>OTHER NAMES USED (Alias-Maiden): | DATE OF BIRTH MO DY YR<br>BIRTHPLACE: | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO<br>VISA # EXPIRATION |        |

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APPROVED

|                             |            |              |                         |            |
|-----------------------------|------------|--------------|-------------------------|------------|
| Applicant's Signature _____ | Date _____ | DENIED _____ | Reviewing Officer _____ | Date _____ |
|-----------------------------|------------|--------------|-------------------------|------------|

Fingerprint records on all new employees?  
Current list of employees submitted?

Yes ☐ No ☐  
Yes ☐ No ☐

## Live Scan Fingerprint Information

### **Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs**

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

**The following are acceptable US Governmental Agencies located in San Diego County:**

#### **CHULA VISTA**

Chula Vista Police Department  
315 Fourth Street  
Chula Vista, CA 92010  
(619) 409-5954

M - F (8am-12pm) **Appointments Only**

M - F (1pm-4pm) **Appointments Only**

[www.chulavistapd.org](http://www.chulavistapd.org)

#### **ESCONDIDO**

Escondido Police Department  
700 W Grand Ave  
Escondido, CA 92025  
Contact: (760) 839-4431

M - F (9:00am-3:30pm) **Appointments Only**

#### **LA JOLLA**

UCSD Police Department  
9500 Gilman Dr #0017  
La Jolla, CA 92093  
(858) 534-4361 **Appointments Only**  
M - F 9am-3pm

#### **LA MESA**

La Mesa Police Department (Storefront)  
6119 Lake Murray Blvd  
La Mesa, CA 91942  
(619) 667-1342  
M, T, W (10am-4pm) **Appointments/Walk In**  
Th, F (9am-3pm) **Appointments/Walk In**

#### **SAN DIEGO**

San Diego City Schools Police Services/EOC Bldg  
4100 Normal St  
San Diego, CA 92103-2682  
(619) 725-7015 **Appointments**  
(619) 725-7014 (Information)  
T - F (8:30am-1pm) **Walk In**  
T - F (2pm-4pm) **Appointments Only**  
Not open to general public on Monday's  
Closed School Holidays

#### **SAN DIEGO**

San Diego State University  
5500 Campanile Dr  
SSE-1410  
San Diego, CA 92182  
(619) 594-3193  
M - F (8am-4pm) **Appointments Only**

#### **SAN DIEGO** - LSID X54/ML1

San Diego Community College Police  
1536 Frazee Road, 1st Floor  
San Diego, CA 92108  
Contact: (619) 388-6416  
M-Th (7:30am-5pm) **Wlk**  
F (7:30am-12 noon) **Wlk**  
E-mail address: [dpicou@sdcc.edu](mailto:dpicou@sdcc.edu)



**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**ORI: CA 0371100 Type of Application: Gun Dealer  
Code assigned by DOJJob Title or Type of License, Certification or Permit: Firearm Dealer

## Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P. O. Box 121431 MS 735

Street No. Street or PO Box

PCCO for Firearm Industry

Contact Name (Mandatory for all school submissions)

San DiegoCA92112-1431

City

State

Zip Code

( 619 ) 531-2250

Contact Telephone No.

## Name of Applicant:

(Please print)

Last

First

MI

## Alias:

Last

First

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ FemaleMisc. No. BIL - Applicant to Pay  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Misc. Number: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Home Address:

Street No.

Street or PO Box

Place of Birth: \_\_\_\_\_

City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)Level of Service: ☒ DOJ ☒ FBIIf resubmission, list Original ATI  
Number: \_\_\_\_\_

## Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

( )

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed